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Robert W. Haga
Director - Government Relations

September 26, 1997

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Mr. William F. Caton
Acting Secretary
Federal Communications Commission
1919 M Street, N.W. - Room 222
Washington, D.C. 20554

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

Re: Notice of Ex Parte Presentation, In the Matter of the
Universal Service Joint Board, CC Docket No. 96-45

Dear Mr. Caton:

On September 19, 1997, I filed a letter reviewing how NECA had begun performing ministerial functions for the Rural Health Care Corporation necessary for meeting the January 1, 1998 start date established by the Commission. With that letter I provided an initial draft copy of rural health care application forms containing the type of information which would be necessary to administer the program according to Commission rules. NECA has used these draft forms as an initial jumping off point to begin discussion on the type of information the administrator would require. NECA stated its intention to submit copies of the draft and subsequent iterations to the FCC so that all parties have access to the information. Attached are the next iteration of those draft rural health care forms which incorporate suggestions we have received to date.

We reiterate that these draft forms merely incorporate the *type* of information we need to begin developing administrative processes to meet the January 1, 1998 start date. As the actual application has not been released by the FCC we are developing administrative procedures based on the information already contained in the record in this docket.

We place these documents in the record to further facilitate an open and close working relationship with the Commission throughout the planning stage until the unaffiliated corporations are operational.

In accordance with Commission rules I am submitting two copies of this notice to the Office of the Secretary. Please acknowledge receipt hereof by affixing a notation on a duplicate copy of this letter furnished herewith for such purposes and remitting same to the bearer.

Sincerely,

Robert Haga

Attachment

cc: Pam Gallant
Elliot Maxwell
Mark Nadel
Lisa Gelb

No. of Copies rec'd
List ABCDE

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Rural Health Care		OMB Approval # _____	
Application for Universal Service Support		Form RHC001 Page 1 of 3	
Customer ID #:		Application Control #:	
Section I - Certification			
1. Federal EIN #:			
2. Applicant Name:			
3a. Street Address:			
3b. City:		3c. County:	
3d. State:		3e. Zip Code:	-
4. Telephone #:	() -	5. FAX#:	() -
6. Contact Name:			
7a. Address(if different):			
7b. City:		7c. County:	
7d. State:		7e. Zip Code:	
8. E-mail:			
9. Telephone #:	() -	10. FAX #:	() -
11. Certification Statement Pursuant to Section 54.603 of the FCC Rules, 47 C.F.R. § 54.603, I hereby certify that I am authorized to order telecommunications and other supported services for the Rural Health Care facility and that: <ul style="list-style-type: none"> a) The requester is a Public or Non-Profit entity that falls within one of the seven categories set forth in the definition of health care provider, listed in § 54.601(a); b) The requester is physically located in a rural area, unless the health care provider is requesting services provided under § 54.621; c) If the health care provider is requesting services provided under § 54.621, that the requester cannot obtain toll-free access to an Internet service provider; d) The requested service or services will be used solely for purposes reasonably related to the provision of health care services or instruction that the health care provider is legally authorized to provide under the law in the state in which such health care services or instruction are provided; e) The requested service or services will not be sold, resold, or transferred in consideration of money or any other thing of value; f) If the service or services are being purchased as part of an aggregated purchase with other entities or individuals, provide the full details of any such arrangement including the identities of all co-purchasers and the portion of the service or services being purchased by the health care provider; g) The requester is selecting the most cost effective method of providing the requested telecommunication service or services, where the most cost effective method of providing a service is defined as the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care facility deems relevant to choosing a method of providing the required health care services. I further certify that I am authorized to order telecommunication services and submit this request on behalf of the above named applicant, that to the best of my knowledge and belief, the information in this application is complete, accurate and consistent with FCC Rules.			
Signature _____		Date _____	
Printed Name of certifying officer / person			
Title or position of certifying officer / person			
Print this page, sign and return to: <div style="text-align: center;"> Administrator, Rural Health Care Corporation 100 South Jefferson Road Whippany, NJ 07981 </div>			

OMB Approval # _____

Rural Health Care**Form RHC001****Application for Universal Service Support****Page 2 of 3****Section II - Summary of Request for Service****1. Applicant Type:**

a) Post Secondary Educational Institution offering Health Care Instruction	<input type="checkbox"/>
b) Community Health Care Center	<input type="checkbox"/>
c) Health Center providing health care to migrants	<input type="checkbox"/>
d) Local Health Department or Agency	<input type="checkbox"/>
e) Community Mental Health Center	<input type="checkbox"/>
f) Not-for-Profit Hospital	<input type="checkbox"/>
g) Rural Health Clinic	<input type="checkbox"/>
h) Consortium of Health Care Providers	<input type="checkbox"/>
i) Consortium with other entities	<input type="checkbox"/>

2. Please answer the following:

a) Are the services being provided via a consortium or an aggregated service purchase?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) If the answer to (a) is Yes: Are all the Consortia members Public or Non-Profit entities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOTE: An eligible health care facility may join a consortium with other eligible health care facilities; with schools, libraries and eligible library consortia; and with public sector (governmental) entities to order telecommunications services. With one exception, eligible health care facilities participating in consortia with ineligible private sector members shall not be eligible for supported services. A consortium may include ineligible private sector entities if such consortium is only receiving services at tariffed rates or at market rates from those telecommunication providers who do not file tariffs.

3. Name of the nearest large city with population of 50,000 or greater	
4. Applicant's physical distance from nearest large city (in miles)	

5. For new service check all types of services being requested:

<input type="checkbox"/> Health care provider-to-provider consultation between professionals in rural hospitals and clinics, and professionals in other locations;
<input type="checkbox"/> The capability to transmit data and medical images such as x-rays;
<input type="checkbox"/> Provider-to-patient consultation, including the examination or counseling in a multimedia format of patients in rural hospitals and clinics by professionals in urban hospitals using diagnostic devices such as electronic stethoscopes, ophthalmoscopes, otoscopes, EKGs and others;
<input type="checkbox"/> Continuing medical education programs for rural physicians and other health care providers;
<input type="checkbox"/> Round-the-clock support (including triage) from physicians and specialists either at urban centers or at a local physician's office;
<input type="checkbox"/> A comprehensive set of specialty services – such as radiology, dermatology, selected cardiology, pathology, obstetrics (fetal monitoring), pediatric, and mental health/psychiatric services – the diagnostics, data, and images of which should be able to be transmitted at high speed;
<input type="checkbox"/> Interaction between emergency departments and trauma centers in urban areas and helicopters and ambulances at the scene of emergencies in rural areas.

[illegible]

For additional entries attach continuation worksheets for this listing.

Rural Health Care Website Posting Confirmation

1. Federal EIN #:			
2. Applicant Name:			
3. Customer ID #:		4. Application Control #:	
5. Street Address:			
	City:	County:	
	State:	Zip Code:	-
6. Telephone #:	() -	7. FAX #:	() -
8. This confirms that your request for services has been posted to the Rural Health Care Website on:			00/00/0000
9. You have fulfilled the Federal requirements for posting your request for services on the Website. If you have also met all state and local requirements, you may contract with your selected telecommunications service provider on or after:			00/00/0000
10. Please be advised that this Website Posting must remain open for a period of 28 calendar days prior to requesting a funding commitment and awarding the contract. See 47 CFR, § 54.603(b)(3).			
11. When you have selected your telecommunications service provider, your telecommunications service provider must complete the <i>Telecommunications Service Provider Discount Worksheet</i> and return the worksheet to you for attachment to the <i>Discount Commitment Request Form</i> you will submit to the Administrator. A <i>Discount Commitment Request Form</i> (see number 12 below) cannot be processed without the <i>Telecommunications Service Provider Discount Worksheet</i> , and the signed certification (paper copy of Form RHC 001, Section I.)			
12. When you have selected your telecommunications service provider, please complete and return to us the <i>Discount Commitment Request Form</i> (available on the Website). The selected provider(s) bid must be attached to the <i>Discount Commitment Request Form</i> to obtain your Universal Service Discount Commitment. Please be sure that you have printed Section I (page 1) of the <i>Application Form</i>, signed page 1 and forwarded the paper copy with signature to the Administrator. A <i>Discount Commitment Request Form</i> will not be processed unless pages 1 of the <i>Application Form</i>, the <i>Telecommunication Service Provider Discount Worksheet</i> and the selected telecommunication service provider contract have been received by the Fund Administrator.			
13. Discount Commitments will be issued based upon availability of funds in accordance with the FCC Rules and Regulations.			

Rural Health Care Discount Commitment Request Form

1. Federal EIN #:			
2. Applicant Name:			
3. Customer ID #:		4. Application Control #:	
5. Street Address:			
City:		County:	
State:		Zip Code:	
6. Telephone Number:	() -	7. FAX #:	() -
8. Contact Name:			
9. Address (If different):			
City:		State:	
10. E-mail:			
11. Telephone Number:	() -	12. FAX #:	() -

13. Pre-existing Contract: ☐ Yes ☐ No

14. If requesting support under a pre-existing contract:

Service Provider	Contract			Description of Service/Products
	Number	Award Date	Expiration Date	

15. If requesting support for new service that was posted to the health care Website:

Rural Health Care Facility Name	Federal EIN Number	Selected Telecommunications Service Provider	Date Service Scheduled to Commence	Service Contracted	Total Amount

16. Provide the total estimated cost (pre-discount) for the services you will require in the next calendar year. \$

17. The *Discount Commitment Request Form* will not be processed without:

- a) the selected telecommunications service provider(s) bid attached to the *Discount Commitment Request Form*.
- b) the *Telecommunications Service Providers Discount Worksheet* attached to the *Discount Commitment Request Form*.

18. Return Form via: U. S. Postal Service Priority Mail, Fed Ex, UPS or any commercially available service which utilizes a pick-up date and time stamp.

Return Form to:

Administrator
Rural Health Care Corporation
100 South Jefferson Road
Whippany, New Jersey 07981

**Rural Health Care
Telecommunications Service Provider Discount Worksheet**

Worksheet RHC003W

Page 1 of 2

1. Applicant Name:			
2. Customer ID Number:		3. Federal EIN #:	
4. Application Control Number:			
5. Street Address:			
City:		County:	
State:		Zip Code:	-
6. Telephone Number:	() -	7. FAX #:	() -
8. Selected Service Provider Name:			
9. Street Address:			
City:		State:	
Zip Code:			
10. Contact Name:			
11. Telephone Number:	() -	12. FAX #:	() -
13. E-mail:			
14. Calculation of Rural Rate:			
Rates offered to other Commercial Customers for Similar Services in the same Rural Area			
Services Ordered:	Distance over which Service is to be provided (in miles):	Monthly Rate Charged:	Basis for Rate: (see list of codes below)
* Codes for Rate Charged: A= average of actual rates; B= average of Tariffed Rates; C= Cost Basis (Note: Code C requires FCC or State PUC approval - attach approval authorization to this form.)			
Discount Calculation:			
15. Standard Urban Distance (in miles):			
16. Nearest Large City: (Per Health Care Website Matrix)			
17. Distance to Farthest Point of Nearest Large City(in miles):			
<ul style="list-style-type: none"> For service provided over a distance that is less than or equal to the Standard Urban Distance (SUD); the Urban Rate shall be a rate no higher than the highest tariffed or publicly-available rate charged a commercial customer for similar service provided over the <i>same distance</i> in the nearest large city in the state, calculated as if the service were provided between two points within the city. [Section 54.605(a)] For service provided over a distance that is greater than the SUD; the Urban Rate shall be no higher than the highest tariffed or publicly-available rate charged to a commercial customer for a similar service provided over the <i>standard urban distance</i> in the nearest large city in the state, calculated as if the service were provided between two points within the city. [Section 54.605(b)] 			
18. Urban Rate: (for city listed in line #16) (Monthly basis)		\$	
19. Rural Rate: (from line #14) (Monthly basis)		\$	
20. Health Care Facility pays: (Monthly basis)		\$	
21. Monthly Discount to Telecommunication Provider:		\$	
22. Annual Commitment: (Line #21 x 12 months / or # of months remaining in the funding year from funding commitment date)		\$	

**Rural Health Care
Telecommunications Service Provider Discount Worksheet**

**Worksheet RHC003W
Page 2 of 2**

23. Certification Statement

I hereby certify that the Telecommunications Provider is an eligible telecommunications provider under Section 254 (e) of the Act and has been designated eligible by their State Commission to provide supported telecommunications services to Health Care Facilities (unless providing only toll-free or local dial-up access to an Internet Service Provider). I also certify that:

- a) Adequate records of use are maintained by the telecommunications provider in cases where the health care facility is a member of a consortia that share facilities. Such records are subject to audit or examination by the Administrator or other state or federal agency with jurisdiction.
- b) Adequate records of use are maintained by the telecommunications provider in cases where the health care facility use their facilities for multi-purposes. Such records are subject to audit or examination by the administrator or other state or federal agency with jurisdiction.

I certify that I am authorized to submit this worksheet on behalf of the above named applicant, that to the best of my knowledge and belief, the information in this application is complete, accurate and consistent with FCC Rules.

Signature

Date

Printed Name of certifying officer / employee

Title or position of certifying officer / employee

The Rural Health Care facility's *Discount Commitment Request Form* will not be processed by the Administrator without this worksheet.

Return this worksheet to the Rural Health Care facility to be attached to their *Discount Commitment Request Form* and submitted to the RHC Fund Administrator.

Rural Health Care Discount Commitment Notification

Your Request for a Discount Commitment has been approved. We have made the following discount commitment to your telecommunications service provider

	Total Telecomm Service Contract Cost	Health Care Facility Cost	Discount Support	
1. Total amount of support committed for the calendar year 1998. (See below for breakdown if applicable)	\$	\$	\$	
2. Federal EIN #:				
3. Name:				
4. Customer ID #:		5. Application Control #:		
6. Street Address:				
City:		County:		
State:		Zip Code:	-	
7. Telephone #:	() -	8. FAX #:	() -	
9. Contact Name:				
10. Address (if different):				
City:		State:	Zip Code:	
11. E-mail:				
12. Telephone #:	() -	13. FAX #:	() -	
	Total Cost	RHC Cost	Discount Support	
14. Total Recurring Monthly (per month amount)	\$	\$	\$	
15. Total Annual Commitment:	\$	\$	\$	
16.				
Rural Health Care Facility	Telecomm Provider	Discount Support Committed	Contracted Service(s)	Work Order Number
All discount payments will be made directly to the Telecommunications Service Provider(s).				
A copy of this form will be sent to your selected Telecommunications Service Provider(s).				

Form RHC005

**Rural Health Care
Receipt of Telecommunication Service Notification**

1. Rural Health Care Facility:							
2. Customer ID #:							
3. Work Order #:							
4. Application Control #:							
5. Street Address:							
City:				County:			
State:				Zip Code:			
6. Telephone #:		() -		7. FAX #		() -	
8. Service Provider Selected:							
9. Date Service Commenced:							
Services provided:							
Contract			Description of Service/Products				
Number	Award Date	Expiration Date					

Return Form To:

**Administrator
Rural Health Care Corporation
100 South Jefferson Road
Whippany, New Jersey 07891**